

Micrographic Surgery & Dermatologic Oncology (Mohs) Fellowship FAQs

Question	Answer
Fellowship Eligibility	
Who is eligible for a Micrographic Surgery & Dermatologic Oncology (Mohs) fellowship?	<p>For ACMS-approved international programs, only dermatology-trained physicians are permitted to apply for a fellowship.</p> <p>For Accreditation Council for Graduate Medical Education (ACGME)-accredited programs, fellows must have successfully completed an ACGME-accredited residency program in dermatology.</p> <p>No exceptions are made for either type of program.</p>
Match Program	
Is there a fellowship match service for Micrographic Surgery & Dermatologic Oncology (Mohs) fellowships?	<p>Fellowship Match services are facilitated through San Francisco Match and are sponsored by the ACMS solely for the benefit of applicants and directors of fellowship programs approved by the ACMS or the ACGME. For more information or to register with SF Match, please visit https://www.sfmatch.org.</p>
Match Application	
Is a central Match application available?	<p>Yes, the Central Application System is developed and hosted by SF Match. Information regarding the CAS may be viewed at https://www.sfmatch.org > Specialties > Micrographic Surgery & Dermatologic Oncology (Mohs)</p>
Match Deadlines	
What are the SF Match deadlines?	<p>SF Match deadlines may be viewed at https://www.sfmatch.org/MatchCalendar.aspx</p>
Match Exemptions	
What are the rules for programs and the use of the Match?	<p>All programs are strongly encouraged to go through the Match unless they receive an exemption prior to June 15. Programs that have received exemption from the Match may be viewed at http://www.mohscollege.org/fellowship-training/match-exemptions</p> <p>The ACMS Match policies may be viewed at http://www.mohscollege.org/fellowship-training/match-policy</p>
Match Violations	
What constitutes a Match violation?	<p>A violation occurs when there is a breach of the specified rules for program directors. Match violations include, but not limited to:</p> <ul style="list-style-type: none"> • A program without a formal exemption making commitment for its position or withdrawing prior to completion of the Match cycle. • A Program Director or applicant asking the other for a commitment prior to the completion of the Match cycle. • A Program Director revealing how he/she ranked any applicant. <p>Violators may be subject to penalties, outlined HERE.</p>
Match Communications	
What if a program offers me a spot outside of the Match between June 15 and the official Match day?	<p>ACMS & ACGME Directors agreed that fellowship positions are not to be offered during this timeframe outside of the Match. You and/or the program director offering you the position may be subject to penalties.</p>

Fellowship Expectations

What are the expectations for training in approved programs?

The key components of a training program include:

- A minimum of 12 months of training in the office/facility of the Program Director where the majority of time is spent training.
- At least 1000 dermatologic surgical procedures per fellow must be available; at least 650 of that minimum total must be Mohs micrographic surgery procedures.
- Fellows must demonstrate competence in performing procedures and must perform at least 500 Mohs micrographic surgeries and 500 reconstructions as the primary surgeon.
- Of the 650 Mohs surgery cases, 50 must be complex Mohs surgery cases and 50 must entail advanced reconstructive techniques.
- Didactic and clinical instruction in all areas of the Core Curriculum.
- Formal training in anatomy such that each fellow is competent and comfortable in the most difficult anatomical sites.
- The fellow must be intimately involved in reviewing all pathology from the surgical cases done in the Fellowship Training Program.
- The fellow must participate in the medical and surgical evaluation and treatment planning in all Mohs surgery cases.
- The fellow must learn to do horizontal frozen sections in the micrographic surgical laboratory and be able to stain the slides appropriately.
- The fellow must be trained in the principles of fresh tissue micrographic surgical techniques.
- Experience must be provided in wound healing, cutaneous oncology, and consultations with other surgical services.
- All graduates from an approved training Program must have passed and received a certificate from a basic life support (BLS) course, must have the ability to develop an emergency preparedness plan, and demonstrate the ability to manage emergencies.
- All fellows during their Fellowship year must, under the supervision and assistance of their Directors, pursue original research in the areas of Micrographic Surgery & Dermatologic Oncology (Mohs) or related disciplines.

Policies Procedures & Guidelines for *International ACMS* MSDO fellowship programs may be viewed [HERE](#).

Fellowship Expectations

What is the definition of 'Primary Surgeon'?

Primary Surgeon definition:

Mohs Case

The fellow may list themselves as primary surgeon if they have

1. taken either the first stage or the largest and most difficult section
AND

2. read all the slides on all the stages with or without the attending surgeon.

Repair case

The fellow may list themselves as primary surgeon if they have

1. incised as necessary for closure undermined if required
AND

At least one of the following:

2. a. placed deep sutures if required

2. b. planned repair (modification by attending is okay).

- 2. c. accomplished most of the hemostasis.
- 2. d. placed epidermal sutures.
- 2. e. in room, gloved in, supervision of resident.

Fellowship Expectations

What is the definition of a 'Complex Mohs Case'?

Criteria for Mohs case complexity include:

I. Tumor Characteristics

- 1. Aggressive histopathology, in tumors other than basal cell carcinoma, including but not limited to poor differentiation, perineural invasion, or other high-risk microscopic features.
- 2. Extensive tumor burden, defined as involvement of an entire cosmetic unit, scalp tumors >5 cm in greatest diameter, or tumors requiring >5 sections in a single Mohs stage.
- 3. Uncommon or biologically aggressive tumor types for which Mohs surgery is considered appropriate due to growth pattern or margin control requirements, including sweat gland carcinomas, Merkel cell carcinoma, sebaceous carcinoma, and dermatofibrosarcoma protuberans (DFSP).
- 4. Deep structural invasion, including involvement of muscle, tendon, cartilage, or bone.
- 5. Multiply recurrent tumors or tumors recurring after prior radiation therapy.
- 6. Tumors requiring specialized histologic techniques or immunohistochemical stains to achieve margin control (e.g., MART-1 for melanoma, CD34 for DFSP).
- 7. Cases in which intraoperative Mohs histologic findings alter clinical management, such as newly identified significant perineural invasion.

II. Anatomic Location and Surgical Complexity

- 8. Tumors located at anatomically high-risk or complex sites, including areas with complex topography or proximity to critical structures (e.g., external auditory canal, perianal region, intranasal area, nail unit, medial canthus).
- 9. Cases requiring advanced surgical planning or multidisciplinary management due to anatomic considerations, including but not limited to parotidectomy, removal of the outer table of the skull, coordination of sentinel lymph node biopsy, or Mohs surgery performed in the main operating room as part of a multidisciplinary surgical team (excluding cases referred solely for reconstruction).

III. Patient and Procedural Considerations

- 10. Patients with significant medical comorbidities requiring specialized perioperative management, including but not limited to administration of DDAVP or platelet transfusion immediately prior to surgery.
- 11. Cases involving proximity to or management considerations related to implantable medical devices, including ventriculoperitoneal shunts, pacemakers, or deep brain stimulators.
- 12. Cases requiring referral for or coordination of adjunctive oncologic therapy, including radiation therapy or immunotherapy, based on tumor characteristics or intraoperative findings.

Fellowship Expectations	
What is the definition of a 'Complex/Advanced Reconstruction'?	Criteria for complicated reconstruction include the following: 1. Random pattern flap repair. 2. Grafts, including full and split thickness grafts. 3. Repairs at difficult anatomic sites, e.g. eyelids, lips, intraoral. 4. Repair of defects greater than 10 sq. cm.
Fellowship Expectations	
What are the expectations for cosmetic experience in an approved program?	Cosmetic experience varies widely and you should look to match your interests with the activities of the practice.
Program Vacancies	
Are there any un-matched programs with vacant fellowship positions?	After the Match has occurred, Directors are able to post vacancies on the SF Match website under 'Immediate Vacancies'.
ACMS Membership	
Who is eligible for ACMS membership?	Physicians who successfully complete a 1 or 2-year fellowship accredited by the ACMS, the Accreditation Council for Graduate Medical Education (ACGME), or the Australasian College of Dermatologists.
ACMS Membership	
Upon completion of my fellowship training, how do I apply for ACMS Associate membership?	Associate membership application instructions and documents are located at http://www.mohscollege.org/acms/membership/join.php . Membership applications are due by August 14 annually.
Accreditation Council for Graduate Medical Education (ACGME)	
Where can I find Program Requirements for the ACGME?	ACGME Program Requirements may be found HERE .
American Society for Dermatologic Surgery (ASDS)	
How do I access the DermSurg Fellowship Finder?	The 'DermSurg Fellowship Finder' may be accessed at http://www.asds.net/fellowships/ (login required).